

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Signature
17618
State File No.
Registrar's No.

Registration District No. 47

Primary Registration District No. 5162

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Stephens, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 91 Years
years, months or days

3. (a) PRINT FULL NAME ALICE ANN BROWN

3. (b) If veteran, None name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William J. Brown 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 - 28 - 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William Puller Allen

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Alice T. West

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Brown

(b) Address Route 1, Stephens, Mo.

17. (a) Burial (b) Date thereof 5-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) (b) (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Stephens (If outside city or town limits, write "RURAL")
(d) Street No. Route 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased for several years when he died, to that I last saw him alive on not remember and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Clot
Died suddenly sitting in a chair while watching TV
Due to I got there.

Due to Broken hip several years ago.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. P. Dyson (M. D. or other)

Address Columbia, Mo. Date signed 5-27-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June 187
Registrar's No. 187

Registration District No. 47 Primary Registration District No. 5162

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Stephens
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cleveland Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 91 yrs. years, months or days

3. (a) PRINT FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 28 (Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 3 (less than one day) min.

9. Birthplace Bozeman, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Dr. P. L. Allen

13. Birthplace W. Va. (City, town, or county) (State or foreign country)

14. Maiden name W. F. Allen

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Brown

(b) Address R. 1 Stephens, Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 5-28-48 (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director Cashner J. L.

(b) Address Callaway, Mo.

19. (a) 6-6-1948 (Date received local registrar) (b) Joan M. M. M. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town Stephens (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Broken hip

Did suddenly sitting in a chair & got there.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Broken hip

Of operations Time ago

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. D. Lysart (M. D. or other) M. D.

Address Callaway, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

17618